Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*		**Complete if Known**	
# FEE TRANSMITTAL # For FY 2008		Application Number	10/564,674
		Filing Date	7/14/2006
		First Named Inventor	Marcel Wijlaars et al.
☐ Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Caralynne Helm
		Art Unit	1615
TOTAL AMOUNT OF PAYMENT	($) 540.00	Attorney Docket	0470 - 060131

METHOD OF PAYMENT (check all that apply)

☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☑ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fees Paid ($)**
Utility	310	75	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

		Small Entity
Fee Description	**Fee ($)**	**Fee ($)**
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	**- 20 or HP**	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**	**Multiple Dependent Claims**	
					Fee ($)	**Fee Paid ($)**
_____	- _____ =	_____	x _____	= _____	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	**- 3 or HP**	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
_____	- _____ =	_____	x _____	= _____

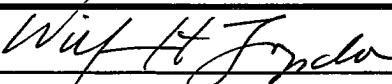HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $260 ($130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)   **Fees Paid ($)**

Non-English Specification, $130 fee (no small entity discount)   _____

Other (e.g., late filing surcharge): Appeal Brief   540

SUBMITTED BY				
Signature	*[signature]*	Registration No. (Attorney/Agent)	22,132	Telephone 412-471-8815
Name (Print/Type)	William H. Logsdon			Date October 11, 2010